

**INSTRUCTIONS FOR COMPLETING THE
SNOHOMISH COUNTY
CLAIM FOR DAMAGES FORM**

Before completing a Claim for Damages form, please read these instructions and the form in its entirety.

The Claim for Damages form must be signed by the claimant, or personal representative. Print, type or write clearly and sign the Claim for Damages form.

NOTE: Verification of claimant's identity and notarization of claim release (if any) will be required.

Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property repairs, etc.

If the information requested cannot be provided in the available space provided, please use additional sheets as necessary.

The following are examples on how to complete the Claim for Damages form:

1. Doe, John Conner; 12/12/2012
2. 222 One Way street, Apt 101, Everett, WA. 98201
3. Post Office Box 111, Seattle, WA. 98178
4. Same (or residence at time of incident)
5. (425) 123-4567 (206) 789-1011
6. January 15, 2011; 8:30 am
7. If incident occurs over time, please provide a beginning and end times/dates
8. Safeway Parking lot, Monroe WA.
9. Highway 9 at NE 145th St.
10. Tell us what happened; describe the incident that resulted in the damages or injury. (where possible, try to include: Who, What, Where, When, How and Why)
11. Provide copies of documents you believe support your claim (DO NOT SEND ORIGINALS)
12. Please provide the dollar amount of your damages. (time loss, medical costs, property damage loss etc.)
This amount should represent your opinion of total compensation.
13. Thomas Smith, 1234 College Way #303 Everett, WA. 98201 (360) 555-1212, Tow truck driver ABC Towing.
14. (unknown) (Sheriff Deputy Jones) (Mike - Roads Flagger)
15. List all other witnesses having knowledge of the incident. Describe what they may know.
16. Yes/No if reported; to what agency? Provide copy of report if available.
17. Provide list of all medical providers and copy of medical reports and billings.

Be sure to sign the Claim for Damages form or have a duly authorized personal representative sign on your behalf.

Mail or deliver to the:

**Snohomish County Risk Manager
3000 Rockefeller M/S 610
Everett, WA. 98201-4046**